



Healthcare Financial Management: Hospital Costing, Revenue Cycle and Budgeting



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Introduction:

Healthcare financial management breaks down when hospitals cannot say what a patient episode costs, why claims are denied or which departments overspend their budgets. Margins erode quietly through unbilled charges, coding errors, underpriced payer contracts and equipment bought without a sound business case. This Core Concept course equips hospital finance, revenue cycle and department managers to read hospital financial statements, run the revenue cycle from registration to collection, cost services by activity and by patient, and control budgets. Participants build a Hospital Financial Performance Workbook for a service line in their own facility.

Course Objectives:

- Analyse hospital financial statements and financial KPIs such as days in accounts receivable, operating margin and cost per adjusted discharge to diagnose financial performance
- Manage the revenue cycle from registration and eligibility checks through charge capture, claim submission, denial management and collections
- Calculate service and patient-level costs using activity-based costing and adjust cost comparisons with case mix index and DRG relative weights
- Prepare departmental budgets from activity forecasts and explain volume, rate and efficiency variances to budget holders
- Evaluate payer contracts, tariffs and medical equipment investments using contribution margin, payback and net present value
- Design financial controls that reduce leakage, billing errors and fraud, waste and abuse risk in healthcare

Target Audience:

- Managers responsible for hospital financial reporting, planning and analysis
 - Managers accountable for patient registration, billing, claims and collections performance
 - Clinical and support department managers who hold and defend a departmental budget
 - Managers responsible for costing, pricing and payer contract negotiations in hospitals and clinic groups
 - Internal control and audit managers covering billing, claims and procurement risk in healthcare providers
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Course Outline:

Day 1: Healthcare Financing and Hospital Financial Statements

- Healthcare Financing Models: Public Funding, Insurance Schemes and Self-Pay Patients
- Hospital Income Statement, Balance Sheet and Cash Flow Statement Walkthrough
- Hospital Financial KPIs: Operating Margin, Days Cash on Hand and Days in Accounts Receivable
- Payer Mix Analysis and Its Effect on Net Patient Revenue
- Hospital Finance Current-State Diagnostic Scorecard

Day 2: Revenue Cycle Management, Coding and Claims

- Revenue Cycle Stages from Registration and Eligibility Verification to Payment Posting
- Charge Capture Controls and Charge Description Master Maintenance
- Medical Coding Overview: ICD-10 Diagnosis Codes and Procedure Coding Accuracy
- Claim Submission, Clean Claim Rate and Payer Adjudication Workflow
- Denial Management: Root Causes, Appeal Workflow and Denial Rate Tracking

Day 3: Hospital Costing, Case Mix and DRG Concepts

- Cost Centre Structure and Step-Down Allocation of Overheads to Clinical Departments
- Activity-Based Costing: Cost Pools, Cost Drivers and Activity Rates for Clinical Services
- Patient-Level Costing: Linking Resource Use to Individual Episodes of Care
- Diagnosis-Related Groups: Case Classification, Base Rate and Relative Weight Calculation
- Case Mix Index Adjustment of Cost per Case for Benchmark Comparison

Day 4: Budgeting, Pricing, Capital Investment and Financial Controls

- Activity-Based Departmental Budget Build from Admissions, Theatre and Outpatient Forecasts
- Flexible Budget Variance Analysis: Volume, Rate and Efficiency Variances
- Service Pricing and Payer Contract Evaluation Using Contribution Margin
- Medical Equipment Business Case: Payback, Net Present Value and Utilisation Scenarios
- Fraud, Waste and Abuse Risks: Upcoding, Unbundling, Duplicate Billing and Control Design

Day 5: Hospital Financial Performance Workbook Build

- Modelling Exercise: Service-Line Profitability for a Surgical Specialty
 - Modelling Exercise: Revenue Cycle KPI Dashboard with Denial and Collection Targets
 - Departmental Budget and Variance Commentary Template Completion
 - Hospital Financial Performance Workbook Assembly and Assumption Log
 - Workbook Presentation to a Mock Finance Committee with Peer Review
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Skills You Will Gain:

- Hospital Financial Statement Analysis
- Revenue Cycle Performance Management
- Claims Denial Reduction
- Activity-Based Hospital Costing
- Case Mix Adjusted Benchmarking
- Departmental Variance Analysis
- Payer Contract Evaluation
- Medical Equipment Investment Appraisal

Why Attend This Course:

- Return with a Hospital Financial Performance Workbook for a service line in your own facility, with costing, KPIs and budget
- Recover revenue lost to missed charges, coding errors and avoidable claim denials
- Explain to clinicians and executives what each service really costs and where budgets drift
- Compare hospital finance practice with managers from public, private and insurer-funded providers across several health systems

Conclusion:

Hospitals stay financially sustainable when revenue, cost and investment decisions rest on the same reliable numbers. The course moves from healthcare financing models and hospital financial statements, through the revenue cycle, coding and claims, to activity-based and patient-level costing with case mix and DRG concepts, and then to departmental budgeting, payer pricing, equipment investment and fraud controls. The final day turns this material into a Hospital Financial Performance Workbook ready for review by a finance committee.
